Amendments to the Specification:

Please replace paragraph [0120] with the following amended paragraph:

[0120] Gene therapy vectors or naked DNA can be delivered in vivo by administration to an individual patient, typically by systemic administration (*e.g.,* intravenous, intraperitoneal, nasal, gastric, intradermal, intramuscular, subdermal, or intracranial infusion) or topical application (*see e.g.*, US 5,399,346). Such vectors can further include facilitating agents such as bupivacine (*see e.g.,* US 5,593,970). DNA can also be administered using a gene gun. *See* Xiao & Brandsma, *supra*. The DNA encoding an immunogen is precipitated onto the surface of microscopic metal beads. The microprojectiles are accelerated with a shock wave or expanding helium gas, and penetrate tissues to a depth of several cell layers. For example, The ~~Accel™~~ ACCEL™ Gene Delivery Device manufactured by Agacetus, Inc. Middleton, WI is suitable. Alternatively, naked DNA can pass through skin into the blood stream simply by spotting the DNA onto skin with chemical or mechanical irritation (*see* WO 95/05853).

Please replace paragraph [0148] with the following amended paragraph:

[0148] Agents for inducing an immune response can be administered by parenteral, topical, intravenous, oral, subcutaneous, intraarterial, intracranial, intrathecal, intraperitoneal, intranasal or intramuscular means for prophylactic and/or therapeutic treatment. The most typical route of administration of an immunogenic agent is subcutaneous although other routes can be equally effective. The next most common route is intramuscular injection. This type of injection is most typically performed in the arm or leg muscles. In some methods, agents are injected directly into a particular tissue where deposits have accumulated, for example intracranial injection. Intramuscular injection or intravenous infusion are preferred for administration of antibody. In some methods, particular therapeutic antibodies are injected directly into the cranium. In some methods, antibodies are administered as a sustained release composition or device, such as a ~~Medipad™~~ MEDIPAD™ device.

Please replace paragraph [0180] with the following amended paragraph:

[0180] Levels of alpha-SN antibody are determined using 96-well microtiter plates coated with 0.4μg per well of purified full-length alpha-SN by overnight incubation at 4°C in sodium carbonate buffer, pH 9.6. Wells are washed 4X with 200μL each PBS containing 0.1% Tween and blocked for 1 hour in PBS-1% BSA at 37°C. Serum samples are serially diluted "in-well", 1:3, starting in row A, ranging from a 1:150 to 1:328,050 dilution. For control experiments, a sample of mouse monoclonal antibody is run against alpha-SN, no protein, and buffer-only blanks. The samples are incubated overnight at 4°C followed by a 2-hour incubation with goat anti-mouse IgG alkaline phosphatase-conjugated antibody (1:7500, Promega, Madison, WI). ~~Atto-phos®~~ ATTO-PHOS® alkaline phophatase fluorescent substrate is then added for 30 minutes at room temperature. The plate is read at an excitation wavelength of 450 nm and an emission wavelength of 550 nm. Results are plotted on a semi-log graph with relative fluorescence units on the ordinate and serum dilution on the abscissa. Antibody titer is defined as the dilution at which there was a 50% reduction from maximal antibody binding.